

CLAIMS ONLY

Application Number	101019232	Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* * *
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	1						
Total Depend	8						
Total Claims	8						